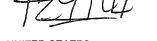
## FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



SEC U	SE ONLY
Prefix	Serial
DATE	RECEIVED
	1

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)  Dorchester Capital International, Ltd. (the "Issuer")							
Filing Under (Check box(es) that apply):							
Type of Filing: ☑ New Filing ☐ Amendment							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Dorchester Capital International, Ltd.							
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Citco Fund Services (Cayman Islands) Limited, Safehaven Corporate Center, Leeward One, West Bay Road, P.O. Box 31106 SMB, Grand Cayman, Cayman Islands, British West Indies							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above  Telephone Number (Including Area Code) Same as above							
Type of Business Organization							
corporation							
□ business trust □ limited partnership, to be formed							
Actual or Estimated Date of Incorporation or Organization: Month/Year  01/04							
GENERAL INSTRUCTIONS Federal:  THOMSON E FINANCIAL							

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 770(8)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information: Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the	following:						
<ul> <li>Each promoter of the issuer, if the</li> </ul>	issuer has been organized w	ithin the past five years;					
<ul> <li>Each beneficial owner having the p of the issuer;</li> </ul>	<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:</li> </ul>						
Each executive officer and director	of corporate issuers and of	corporate general and managi	ng partners of partn	ership issuers; and			
<ul> <li>Each general and managing partners</li> </ul>	er of partnership issuers.						
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual) Dorchester Capital Advisors Internationa	I, LLC						
Business or Residence Address (Num 11111 Santa Monica Boulevard, Suite 125	ber and Street, City, State, Zi <mark>0, Los Angeles, Californi</mark> a						
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Lastiname first, if individual)  Zucker, Mark							
Business or Residence Address (Num 11111 Santa Monica Boulevard, Suite 125	ber and Street, City, State, Zi 0, Los Angeles, California		6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	<b>⊠</b> Director	☐ General and/or Managing Partner			
				-			
	<del></del>			- <del> </del>			
Business or Residence Address (Numl c/o dms Management Ltd., P.O. Box 3191	ber and Street, City, State, Zi <mark>0 SMB, Cayman Financial (</mark>		man, Cayman Islan	ds			
Check Box(es) that Apply: □, Promoter	☐. Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual) Seymour, Don			er er	7			
Business or Residence Address (Num c/o dms Management Ltd., P.O. Box 3191	ber and Street, City, State, Z 0 SMB, Cayman Financial C	p Code) Centre, Tower 3, Grand Cay	man, Cayman Islan	ds			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Numi	ber and Street, City, State, Zi	p Code)					
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)		The state of the s	2				
Territoria (1944-1944) (1944) (1944)	ber and Street, City, State, Z	p Code)	7 (C) 1 (C)				

A. BASIC IDENTIFICATION DATA

			1 1.1.1 NJ • 11	В.	INFORM	ATION AF	SOUT OF	ERING	<del></del>	200		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											
2.	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?\$							_	,000,000			
	(Subject to waiver in sole discretion of board of directors of the Issuer)											
3.	3. Does the offering permit joint ownership of a single unit?							Ye: ⊠	s No □			
4.	Enter the info	ormation re	equested fo	r each per	son who h	as been or	will be pa	id or given	, directly of	r indirectly,	any	
	commission offering. If a											
	and/or with a	state or s	tates, list tl	he name o	f the broke	er or dealer	. If more	than five (5	b) persons	to be listed		
	associated per				, you may	set forth th	e informatio	on for that t	proker or de	ealer only.		
_Not	applicable.			·								
Bus	iness or Resi	dence Add	dress (Nun	nber and S	Street, City	, State, Zip	Code)					
Nan	ne of Associa	ted Broke	r or Dealer								, , <u>,</u>	
						0 " " B						
Stat	es in Which F					Solicit Pur	cnasers				_	All States
[AL]	[AK]	[AZ]	or check i [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] Name (Last i	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii	Name (Last	name mst,	, it individua	ai)								
Bus	iness or Resi	dence Add	dress (Nun	nber and S	Street, City	State, Zip	Code)					
			`	_			•					
Nan	ne of Associa	ited Broke	r or Dealer									
Stat	es in Which f	Pareon Lie	ted Has So	olicited or	Intende to	Solicit Pur	hasers					
Siai			or check i			Solicit Full	ulaseis				П	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] Name (Last i	[SD]	[TN]	[XT] al)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ı un	Traine (Last)	name met,	, ii iiiaiviaa	ui,								
Bus	iness or Resi	idence Ad	dress (Nun	nber and S	Street, City	, State, Zip	Code)					
Name of Associated Broker or Dealer												
Nan	n <b>e</b> of Associa	ited Broke	r or Dealer	•								
Stat	es in Which f	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] fUT1	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt \$ <u>0</u> \$ 0 Equity: \$ 0 ☐ Common □ Preferred Convertible Securities (including warrants): \$ Partnership Interests \$ 000 Other (Specify Common Shares par value \$0.01 (U.S.) per share ("Shares")) ...... \$ 1,000,000,000(a) 1,000,000,000(a) \$ Total .......\$ Answer also in Appendix, Column 4, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors..... 0 0 Non-accredited Investors. 0 0 Total (for filings under Rule 504 only) ...... \$ N/A <u>N/A</u> Answer also in Appendix, Column 3, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 N/A 000 Regulation A \$ N/A Rule 504 N/A Total ..... N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees X Printing and Engraving Costs $\boxtimes$ \$ 2,500

Legal Fees

Accounting Fees.

X

 $\boxtimes$ 

 $|\mathbf{X}|$ 

X

X

X

\$

\$

\$

\$

\$

35,000

7,500

5,000

0

<sup>(</sup>a) Open-ended fund; estimated maximum aggregate offering amount

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4. b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ <u>999,950,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Officers Directors Affiliate	s, s, &		ſ	Payments to Others
Salaries and fees	X	\$	<u>0</u>	×	\$	<u>0</u>
Purchase of real estate	$\boxtimes$	\$	<u>0</u>	X	\$	<u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	$\boxtimes$	\$	<u>0</u>	$\boxtimes$	\$	<u>0</u>
Construction or leasing of plant buildings and facilities	×	\$	<u>0</u>	$\boxtimes$	\$	<u>o</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	X	\$	<u>o</u>	X	\$	<u>o</u>
Repayment of indebtedness	$\boxtimes$	\$	<u>0</u>	$\boxtimes$	\$	<u>o</u>
Working capital	$\boxtimes$	\$	<u>o</u>	$\boxtimes$	\$	<u>0</u>
Other (specify): Portfolio Investments	$\boxtimes$	\$	<u>0</u>	$\boxtimes$	\$	999,950,000
Column Totals	X	\$	<u>o</u>	$\boxtimes$	\$	999,950,000
Total Payments Listed (column totals added)	X		\$ <u>99</u>	9,95	0,00	<u>00</u>

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Dorchester Capital International, Ltd.

Signature

Date

10-25-04

Name (Print or Type)
Mark Zucker

Title of Signer (Print or Type)

Director

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Not Applicable	Yes	No H
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. **Not Applicable**
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. **Not Applicable**
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. **Not Applicable**

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Dorchester Capital International, Ltd.	Signature Date 10-25-04
Name (Print or Type)  Mark Zucker	Title of Signer (Print or Type)  Director

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.